

N13000002727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

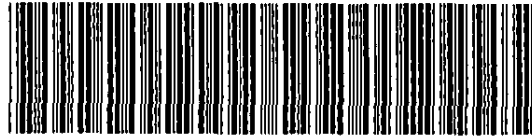
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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13 MAR 21 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

K 03/21/13

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MJ Wilkerson Ministries, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: MARK J WILKERSON  
Name (Printed or typed)

3307 Sugarberry Way  
Address

Tallahassee, FL 32303  
City, State & Zip

229 - 416 - 7979  
Daytime Telephone number

mjw.ministries@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: MJ Wilkerson Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3307 Sugarberry Way  
Tallahassee, FL 32303

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: As a Faith-Based Organization,  
MJ Wilkerson Ministries, Inc. purpose is to increase  
opportunities for the residents of Leon and DeCATUR  
county to eliminate pervasive poverty, illiteracy, juvenile  
delinquency, health disparities and blighted communities through  
economic, social, cultural, spiritual, and literacy programs.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Potential  
will be appointed through self-nomination. directors

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mark J Wilkerson Chairman and CEO Name and Title: \_\_\_\_\_

Address: 3307 Sugarberry Way Address: \_\_\_\_\_  
Tallahassee, FL 32303

Name and Title: Fajional L Jones Chief Operating Officer Name and Title: \_\_\_\_\_

Address: 3307 Sugarberry Way Address: \_\_\_\_\_  
Tallahassee, FL 32301

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 21 PM 12:09

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARK J WILKERSON Chairman and CEO

Address: 3307 Sugarberry Way  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARK J WILKERSON Chairman and CEO

Address: 3307 Sugarberry Way  
Tallahassee, FL 32303

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mark Wilkerson

Required Signature of Registered Agent

3/20/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark Wilkerson

Required Signature of Incorporator

3/20/2013

Date

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TALLAHASSEE FLORIDA